

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024120

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 252

FILED JUL 10 1962

1. PLACE OF DEATH

a. COUNTY

PETTIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

SEALIA

Length of stay in 1b

LYR.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

BENTON

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTE CAMPBELL NURSING HOME

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1 1/2 Mi N. COLE CAMP

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

BIRD

Middle

POPHAM

Last

BAUER

4. DATE OF DEATH

Month

JUNE

Day

29

Year

1962

5. SEX

FEMALE

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4-26-1887

9. AGE (last birthday)

75 YRS.

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

HOUSEKEEPING

11. BIRTHPLACE (City and state or country)

MARYVILLE, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

WILLIAM POPHAM

13b. MOTHER'S MAIDEN NAME

MARY BROWN

14. NAME OF HUSBAND OR WIFE

FRED C. BAUER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No.

17. INFORMANT

CLARENCE BAUER LA MONTE, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Medullary Paralysis

INTERVAL BETWEEN ONSET AND DEATH

hrs.

DUE TO (b)

Cerebral Thrombosis

Mos.

DUE TO (c)

Atherosclerosis generalized

yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetic Neuropathy and nephrosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec. 1959 to June 29 and last saw her alive on June 29

Death occurred at 2:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Arthur Gonzalez

22b. ADDRESS

Cole Camp Mo.

22c. DATE SIGNED

7/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

7-3-1962

23c. NAME OF CEMETERY OR CREMATORY

COLE CAMP MEMORIAL

23d. LOCATION (City, town, or county)

COLE CAMP

(State)

MO

24. FUNERAL DIRECTOR

ADDRESS

CHARLES F. FOX COLE CAMP, MO.

25. DATE RECD. BY LOCAL REG.

July 2, 1962

26. REGISTRAR'S SIGNATURE

Nancy Anderson, Deputy

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

10808

20080

3

4 1

5 2

6

7 0

8 0

9332X

10

11

126-2

131-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles F. Fox

Licensed Embalmer No. 4610

P. O. Address Pole Camp, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.